

HEALTH CARE FACILITY CONSTRUCTION DOCUMENTATION CHECKLIST

This form is a reference tool for the industry and for DHFS Health Care Facilities Construction Inspectors. This is to assist in the preparation of the Project Occupancy Inspection. Completion of appropriate requirements is necessary for final occupancy. Please contact the reviewing DHFS Health Care Facility Engineer for your project with questions.

Facility Name _____

Address (city, state and zip) _____

Facility Type:

☐ HOSPITAL
☐ NURSING HOME

☐ CBRF
☐ ASC

☐ HOSPICE
☐ ESRD

☐ OTHER _____

Project Description _____

	DOCUMENTATION REQUIREMENTS	YES	NO	N/A	COMMENTS
1.	Dept. of Comm. Plumbing Inspection Report				
2.	LOCAL Building Inspection Approval or Copy of Occupancy Permit				
3.	Written statement from the local zoning authority that the proposed use of the building is not in conflict with zoning regulations				
4.	Sprinkler System Report (NFPA 13 Form)				
5.	Documentation that Sprinkler System is Electrically Supervised (NFPA 101)				
6.	Local or State Electrical Inspection Report				
7.	Documentation by installer that the emergency generator has been tested and functioning properly and a list of areas or systems covered by the emergency power system (NFPA 70 & 99)				
8.	Local Fire Inspection Report				
9.	CBRF Fire Protection Installation Report (NFPA 72)				
10.	Fire & Smoke Damper Documentation of locations (NFPA 90A)				
11.	Provide documentation by installer that fire alarm has been tested including all devices electrically interconnected, and is fully operative as designed and approved (use NFPA 72 form). <i>(Required for NEW hospitals, nursing Homes and ASCs)</i>				
12.	Documentation that Fire Alarm System is Interconnected with the Fire Dept or "Approved Central Station"				
13.	Fire Fighting Equip. Placement/Operating Tag				
14.	System Documentation that all smoke/heat detectors, Sprinkler flow alarms, smoke dampers and smoke control Devices have been installed correctly and tested in Conformance to respective codes, are interconnected and operate with the fire alarm system as designed and approved				
15.	Provide documentation of electrical performance criteria and testing per NFPA 99, Chapter 7				
16.	Medical Gas Systems Report (NFPA 99 Form)				
17.	Nurse Call System Documentation				
18.	HVAC Final Balance Report (COMM. 64.53)				
19.	Conductive Floor NFPA Documentation Carpet				
20.	Interior Finishes i.e., wall, ceilings, etc.				
21.	Flamespread Documentation				

DOCUMENTATION REQUIREMENTS		YES	NO	N/A	COMMENTS
22.	Carpet Installation Certification				
23.	Cubicle Curtain/Drape Fire Retardant Documentation				
24.	Elevator Certification				
25.	Safe Access to Public Way Provided				
26.	Grab Bar Placement				
27.	Compliance Statement DDE-2495 (3-03)				
28.	Total number of beds in use				
29.	Number of beds licensed or certified				

THE ITEMS BELOW ARE FOR NURSING HOMES AND SUB-ACUTE ONLY

The following data needs to be submitted by the licensee with the application form for license to operate a nursing home:

30.	Exterior photograph taken from front street			
31.	Floor plan showing patient room sizes, as built, and facility numbers			

COMMENTS AND MISCELLANEOUS INFORMATION

CENTRAL OFFICE MADISON	NORTHERN REGIONAL OFFICE RHINELANDER	NORTHEASTERN REGIONAL OFFICE GREEN BAY	SOUTHERN REGIONAL OFFICE MADISON	SOUTHEASTERN REGIONAL OFFICE MILWAUKEE	WESTERN REGIONAL OFFICE EAU CLAIRE
608-243-2088 FAX 608-243-2026	715-365-2800 FAX 715-365-2815	920-448-5240 FA920-448-5254	608-243-2370 FAX 608-243-2389	414-227-5000 FAX 414-227-4139	715-8236-4752 FAX 715-836-2535